



The Malawi National Malaria Communication Strategy 2022-2030

**Ministry of Health
National Malaria Control Programme
Lilongwe, Malawi**

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Foreword

The Ministry of Health (MOH) has significantly reduced malaria mortality in Malawi; however, malaria remains a major public health problem. In 2020, Malawi had 6,893,560 confirmed cases of malaria¹, and an incidence rate of 385 per 1,000². To address this, Government of Malawi is increasing access to insecticide-treated nets (ITNs) with universal coverage and routine distributions, scaling up indoor residual spraying (IRS) in selected districts, promoting the prevention of malaria during pregnancy through intermittent presumptive treatment of malaria in pregnancy (IPTp), increasing access to prompt diagnosis and effective malaria treatment at the facility level, and scaling up of malaria vaccine targeting children of under the age of 3. Increased access to these life-saving interventions is paired with social and behaviour change (SBC) efforts that generate demand and increase acceptance for quality goods and services. This National Malaria Communication Strategy (NMCS) articulates the role SBC will play in the implementation of Malawi's National Malaria Strategic Plan.

In the years since the 2017-2022 National Malaria Strategic Plan, Malawi has developed a broader set of National Health Communication guidelines, which are outlined in the HSSP III. As this overall strategy outlines how all partners are to integrate their activities and implement under the same set priorities, so the new National Malaria Strategic Plan and this accompanying NMCS achieve the same goals: the facilitation of behaviour change among individuals, households, and communities towards the adoption of positive health behaviours through effective communication, health promotion, interpreted health services, collaboration, evidence-based interventions, equity, social inclusion, and community empowerment and participation.

In light of Malawi's more comprehensive and integrated health guidance, I am grateful that the MOH recognised the need to update the Malaria Strategic Plan and this accompanying NMCS. With contributions from all malaria behaviour change communication partners, this new malaria communication strategy represents an opportunity to achieve a more unified front against malaria. I urge all our partners to increase their investment and intensify their efforts to ensure the effective implementation of this strategy as a vehicle to eliminate malaria by 2030.



Dr Charles Mwansambo
Secretary for Health

¹ United Nations Department of Economics and Social Affairs. *World population prospects 2019. Volume I: Comprehensive tables*. United Nations. 2019.

² U.S. President's Malaria Initiative Malawi Malaria Operational Plan FY 2022.

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Abbreviations

ACT	Artemisinin-Based Combination Therapy
ANC	Antenatal Care
DHIS	District Health Information System
DHPO	District Health Promotion Officer
DHPTT	District Health Promotion Technical Team
D-TWG	District Health Promotion Technical Working Group
HES	Health Education Services
HP-TWG	Health Promotion Technical Working Group
HSSP	Health Sector Strategic Plan
IPTp	Intermittent Preventive Treatment of Malaria for Pregnant Women
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Nets
IVM	Integrated vector management
M&E	Monitoring and evaluation
MBS	Malaria Behaviour Survey
MERL	Monitoring, Evaluation, Reporting and Learning
MIP	Malaria in pregnancy
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MUBAS	Malawi University of Business and Applied Sciences
NHCS	National Health Communication Strategy
NMCP	National Malaria Control Program
NMCS	National Malaria Communication Strategy
PMI	U.S. President's Malaria Initiative
RHD	Reproductive Health Department
SBC	Social and behaviour change
TWG	Technical Working Group
USAID	United States Agency for International Development
ZMSWM	Zero Malaria Starts With Me

Introduction

Malaria control and prevention remain a high priority as outlined in the Health Sector Strategic Plan III (HSSP III). Since its establishment in 1984, the National Malaria Control Program (NMCP) has provided technical leadership in Malaria policies and strategies, focusing on scaling up control, prevention, and treatment interventions. The NMCP implemented Malaria prevention and control interventions related to the following strategic areas: prompt diagnosis and case management, integrated vector management (IVM); indoor-residual spraying (IRS); Malaria in pregnancy (MIP); social and behaviour change (SBC); procurement, supply chain management, and logistics; Malaria program management; monitoring and evaluation (M&E) and operational research.

Vision

All people in Malawi are free from Malaria.

Mission

To reduce Malaria to a level where it is no longer of public health significance in Malawi.

Strategic Goal *(to be revised based on the new Malaria strategic plan)*

To reduce Malaria incidence by at least 50% from a 2016 baseline of 386 per 1000 population to 193 per 1000 and Malaria deaths by at least 50% from 23 per 100,000 population to 12 per 100,000 population by 2022.

To coordinate Malaria prevention and control efforts, MOH and its partners developed the National Malaria Communication Strategy (NMCS) 2005-2010 and updated the strategy in 2009 and 2015. In January 2022, the Ministry initiated a review of the previous NMCS 2015-2020 through a participatory workshop with various partners, including Breakthrough ACTION, Malawi University of Business and Applied Sciences (MUBAS), Impact Malaria Project, World Vision, the District Health Office (District Health Promotion Officers [DHPOs] and Malaria Coordinators), as well as different sections within the ministry (NMCP, Health Education Services [HES], Reproductive Health Department [RHD], Community Health Services and Environmental Health Services). The overall objective of the workshop was to review the retired Malaria communication strategy with reference to the Malaria Behavior Survey (MBS), the Malaria Indicator Survey (MIS), and district-level data to identify the progress made during the life span of the strategy and identify technical, systematic, and programmatic strengths, gaps, and recommendations to feed into the development of the new communication strategy. Participants also reviewed the indicators in the preceding communication strategy to assess their relevance and suggested new indicators to be considered in the next iteration and other guiding documents such as HSSP III among others.

Consistent availability of first line anti-Malarial drugs and supplies across public health facilities has been a great enabler to effectively implement proper case management. This has helped to reduce Malaria mortality from 23/100,000 in 2017 to 12/100,000 in 2021 (DHIS2, 2021). Procurement and delivery of anti-Malarial drugs are done by Malaria implementing partners through push system³. The) to 8/100000

³ Push system is allocating and supplying commodities to health facilities without them ordering

population (DHIS2, 2022); hence, MOH and service delivery partners will continue to strengthen this system to meet the demand.

Guiding Principles

The following principles guide the planning, design, implementation, and monitoring of the NMCS 2022-2030 to achieve sustainable interventions for the quality of life and well-being of Malawians. They were drawn from and are in keeping with the principles outlined in the National Health Communication Strategy (NHCS) 2021-2026 which aligns with the HSSP III.

Effective Communication: This includes messages and social and behaviour change materials that are targeted, appropriate, and context-specific for dissemination to different audiences. Communication in this strategy is taken as a continuous two-way process between the communication teams and the target groups; understanding the target groups in terms of their values, age, gender, education, cultural and religious beliefs, and other relevant demographics; collecting and organising information into meaningful and clear messages; considering the potential barriers affecting adoption and practice of desired behaviours; choosing appropriate communication channels, tactics, and activities; ensuring that messages are well understood or interpreted by the receiver and that the desired behaviour is adopted.

Health Promotion: Health promotion principle enables people to increase their control and improve their health, guided by the Ottawa Charter for Health Promotion of 1986⁴. Health is seen as a resource for everyday life rather than a goal to be achieved. The health promotion principle advocates that political, economic, social, cultural, environmental, behavioural, and biological factors can all favour health; that all people need to control factors that determine their health to achieve their fullest health potential; and that all concerned stakeholders coordinate Malaria SBC activities.

Integrated Health Services: Promoting integration of all health services that address identified Malaria SBC issues is key. Health problems have multiple determinants that can best be addressed through integrated health promotion approaches and services.

Effective collaboration, coordination, and partnership: promoting partnerships in planning, designing, implementing, monitoring and evaluation of activities implemented by partners. All Malaria communication partners should attend the Malaria SBC Technical Working Group (TWG) meetings where plans and reports are shared.

Evidence-based interventions: Strategic SBC calls for identifying the problem through a formative assessment that guides audience segmentation, barrier analysis, and selection of appropriate and tailored communication tactics, channels, and activities.

Equity and social inclusion: Malaria communication efforts should foster critical examinations of gender, norms, customs, beliefs, and practices that negatively impact health outcomes to access health

⁴ World Health Organization (1986). Ottawa Charter for health promotion. *Health Promotion*, 1(4), iii-v.

information and services for all. Therefore, this strategy uses SBC methods to promote practices that positively influence health behaviours of vulnerable and marginalised groups.

Community empowerment and participation: Empowering and promoting community participation in problem identification, production, and dissemination of messages, and performing strategic actions to achieve health outcomes. This principle calls for cost-effective interventions that help build a sense of ownership and lead to localized, home-grown, and sustainable solutions.

System based: Economic and social systems, such as resource and time constraints, family decision making, gender norms, religious beliefs, legislative issues, and influences across non-health sectors, such as education. The strategy will look at whole systems as causes are interrelated and must be viewed holistically for change to be sustained over time.

Alignment to the National Health Communication Strategy (2021 – 2026)

The activities in this strategy are aligned with the National Health Communication Strategy (2021–2026), which guides and unifies all programme-specific strategies and SBC interventions. The strategy will also be implemented under the overarching theme of Moyo ndi Mpamba: Usamalireni! (Life is precious: Take care of it) as guided by the National Health Communication Strategy and the Zero Malaria Starts With Me (ZMSWM) campaign. The ZMSWM campaign is supported and accompanied by investments in the design and implementation of evidence-based, theory-driven SBC activities at the community, district, regional, and national levels given that malaria control and elimination require individual behaviour change in addition to broader advocacy efforts. ZMSWM and SBC are complementary approaches, and they should be implemented as such.

Coordination and implementation mechanism

Implementation of this strategy relies on the existing systems and structures in the provision of health promotion services at the national, district, health facility, and community levels, as outlined below.

Coordination at the national level: The Government of Malawi recognises the MOH as the lead institution in the coordination and implementation of health promotion services in the country. This mandate by the MOH is fulfilled by the MOH-HES, a department with technical expertise in health promotion initiatives. The MOH-HES, in collaboration with NMCP, will lead in coordination, planning, resource mobilisation, implementation, monitoring, and evaluation of all health promotion interventions, as envisioned in this strategy. Coordination will be achieved through the Health Promotion – Technical Working Group (HP-TWG) and the Malaria SBC technical working group.

With the rollout of the malaria vaccine, it is important that malaria SBC activities continue to promote the uptake, maintenance, and use of proven malaria interventions throughout malaria vaccine implementation. Coordination between EPI and NMCP will be essential to ensure the complementarity of health messages and communications activities. The two programmes can leverage each other's infrastructures and their respective SBC strengths. As global guidance documents for SBC for the malaria

vaccine are developed, an addendum will be added to this communication strategy to outline key SBC implementation approaches.

Coordination at the district level: The DHPOs will lead coordination, planning, resource mobilisation, implementation, monitoring, and evaluation of all health promotion interventions. Coordination will be achieved through the District Health Promotion Technical working group (D-TWG).

Coordination at the community and facility levels: Information education communication focal persons will lead coordination of implementation and monitoring. They will work with grassroots structures to provide technical support for the implementation of health promotion activities. These grassroots structures include the Area Development Committees, HCMC, Area Executive Committees, Village Development Committees, Community Health Action Groups, Village Health Committees, care groups, support groups, and village-level artists. To ensure the quality of interventions, facility-based health promotion personnel work under direct supervision of the DHPO.

Intervention-Specific Plans

Insecticide Treated Nets

Situation analysis: In Malawi, the NMCP is working to achieve universal coverage of ITNs (defined as the percentage of households with at least one net for every two people) with a combination of mass and routine distributions. ITNs are distributed in mass every three years. Pregnant women receive an ITN at their first ANC visit and when they deliver at a health facility. ITNs are also distributed to replace those lost during natural disasters. 17% of respondents surveyed in 2021 reported purchasing a net in the private sector, but only 0.1% of all nets found in the households were reported to be purchased.⁵

In terms of ownership and access, as most ITNs in use at any given time come from mass distributions, survey data indicates ITN ownership and access are higher immediately after mass distributions and expectedly lower two and three years afterward. Indeed, as Figure 1 shows, ITN ownership and access wax and wane according to mass distributions (which took place in 2012, 2014, 2016, 2018, and 2021).⁶ Data from the 2021 MIS found ITN access to be 37%. This survey took place before the 2021 mass distribution, indicating that current ownership and access are now higher.

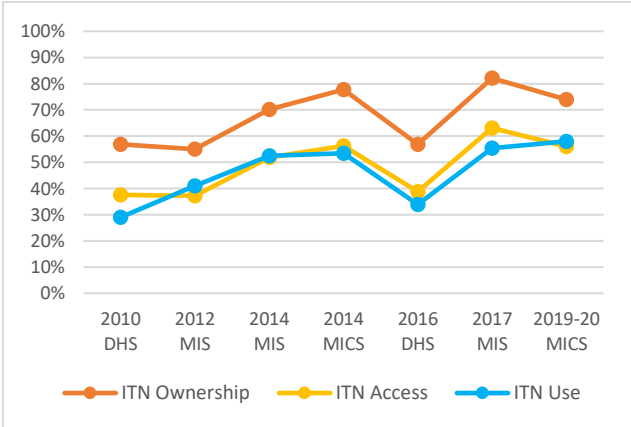


Figure 1: Historic Malawi ITN ownership, access, use, and use using national level data

Behaviour analysis: Figure 1 also shows ITN use and access in Malawi are highly correlated, again reinforcing the finding that access to nets is a key driver of use. Indeed, ITN use among those with sufficient access in their household is and has been among the highest recorded in sub-Saharan Africa, with ITN Use to Access ratios consistently about 1 to 1 since 2012; the MBS 2021 indicates the same results.

⁵ National Malaria Control Programme (NMCP). 2022. Malawi Malaria Indicator Survey 2021. Lilongwe, Malawi.
⁶ Koenker, H., Olapeju, B., Toso, M., Millward, J., & Ricotta, E. Insecticide-Treated Nets (ITN) Access and Use Report. Breakthrough ACTION and PMI VectorWorks projects, Johns Hopkins Center for Communication Programs. Published August 2019. Updated April 2020. Retrieved from <https://itnuse.org/>

According to the same survey, there is room for improvement in terms of consistent net use, however. Just 55% of survey respondents claimed to have slept under an ITN every night of the week before being asked. In the same vein, consistency of ITN use also varies according to season. ITN use also decreases between high and low transmission seasons (Figure 2).

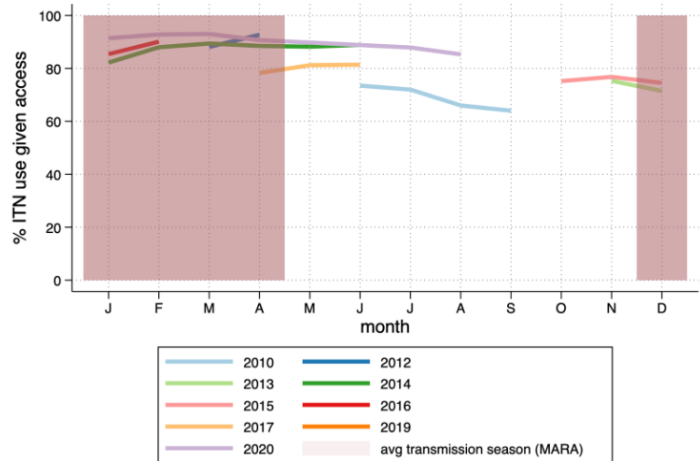


Figure 2: Historic ITN use given access throughout the year

Historic data shows children under five are prioritized for ITN use in households that have some but not enough ITNs; so are women of reproductive age. Children of school age and adolescents have the lowest ITN use when households have insufficient ITNs. These differences level out in households that do have enough ITNs.⁷ 2021 MIS data indicate prioritization and use among vulnerable groups remains strong, with 64% use of the general population (households with at least one ITN), 77% among pregnant women, and 81% among children under five.

Urban and rural areas are very similar in terms of ITN use among those with access, and people in the poorest wealth quintiles have slightly but consistently higher ITN use behaviour than those in wealthier quintiles. This may reflect the poorest populations living in areas of more intense malaria transmission.

According to 2021 MBS data, in households with at least one ITN, favourable attitudes towards nets, perceived susceptibility and severity of malaria, the perception that ITN use is a community norm, and perceived self-efficacy to use nets are the factors most closely correlated with ITN use.

Audience analysis and strategic communication approaches: Heads of households in Malawi tend to be male, 18 years of age or older. Most live in rural areas, speak a local language, have some primary school education, and live within lower wealth quintiles. As male heads of household report a greater degree of decision-making autonomy,⁸ it may prove beneficial to encourage spousal communication about ITN use. Just 25% of those surveyed in 2021 claimed to have discussed malaria with their partner in the last six months.

Communication with male heads of households in Malawi should be done primarily through interpersonal communication. According to survey data, the perception of malaria’s threat is low. However, male heads of household reported high self-efficacy to prevent malaria. This indicates that effective communication approaches should emphasize the seriousness of malaria (increase perceived severity) while highlighting

⁷ Koenker, H., Olapeju, B., Toso, M., Millward, J., & Ricotta, E. Insecticide-Treated Nets (ITN) Access and Use Report. Breakthrough ACTION and PMI VectorWorks projects, Johns Hopkins Center for Communication Programs. <https://breakthroughactionandresearch.org/resources/itn-use-and-access-report/malawi/>

⁸ Olapeju Bolanle, Kayange Michael, Bride Michael, Mafuleka Taonga, Hunter Gabrielle, Dembo Edson, Volkmann Tyson, Gumbo Austin, Bautista Monica, Mbeye Nyanyiwe, Cash Shelby. Malaria Behavior Survey: Malawi 2021. Johns Hopkins Center for Communication Program. October 2021. Baltimore, USA.

how feasible consistent ITN use by the entire family is (thereby increasing self-efficacy). Rather than relying on individual behaviour change, leverage social approaches that frame ITN use as a community norm, something that most people (as well as community leaders) do and approve of. As pregnant women are a particularly at-risk group, deploy approaches that initiate discussion about ITN use between couples.

Behaviour Objective 1.1 Household heads access ITNs for use in the household

Behaviour: Household heads obtain ITNs for use in the household	
Behaviour Objective: Increase the proportion of population that has access to an ITN from 37% (MIS 2021) to 80% by 2030	Priority Audience: Male household head
	Secondary Audience: Household members, health workers, spouses, peers
	Communication Objective 1.1.1: Increase the proportion of household heads who have a positive perceived response efficacy of ITNs from 61% (MBS 2021) to 80%
	Communication Objective 1.1.2: Increase the proportion of household heads with a favourable attitude toward correct ITN use from 82% (MBS 2021) to 95%
	Key Benefit: If household heads believe in the effectiveness and benefits of ITNs and believe in their worth, they will seek to ensure adequate supply of ITNs in their homes through mass distribution or private purchasing
	Supporting Point: By ensuring everyone sleeps under ITN, the household head is viewed as caring and forward-thinking (belonging to high-class people)

Behaviour Objective 1.2 Consistent use of ITNs among caregivers of under 5 children

Behaviour: Consistent use of ITNs among caregivers of under five children	
Behaviour Objective: Increase the proportion of children under five years who sleep under an ITN every night from 53% (MIS 2021) to 80% by 2030	Priority Audience: Caregivers of under five
	Secondary Audience: Household heads, spouses, health workers, religious leaders, traditional leaders
	Communication Objective 1.2.1: Increase the proportion of caregivers with a favourable attitude toward consistent ITN use from 82% (MBS 2021) to 95%
	Communication Objective 1.2.2: Increase the proportion of caregivers of under 5 children who have a positive perceived response efficacy of ITNs from 61% (MBS 2021) to 80%
	Key Benefits: <ul style="list-style-type: none"> - If under five children sleep under ITN, all night, every night, all year long, they will stay healthy, and provide more time for their caregivers to engage in economic and social activities and be able to take care of their families - Sleeping under ITN makes children live a healthy life, and healthy children bring happiness and peace of mind to the family. - Sleeping under ITN reduces mosquito bites which cause skin rashes
	Supporting Point: If caregivers ensure that under five children sleep under ITN every night, they will save money through reduced malaria related medical costs of health services

Behaviour Objective 1.3 Consistent use of ITNs among school-going children from 5-18 years old

Behaviour: Consistent use of ITNs among school-going children from 5-18 years old	
Behavioural Objective: Increase the proportion of school-going children of ages 5-18 years old who sleep under an ITN from 51% (modelling) to 80% by 2030	Priority Audience: Caregivers of school-going children from 5-12 years old; School-going children from 13-18 years old
	Secondary Audience: Teachers, household heads, health workers, religious leaders, traditional leaders, representatives of school structures (PTA, SMC, mother groups, ECD centre managers)
	Communication Objective 1.3.1 Increase the proportion of caregivers of school-going children 5-12 years, and of children 13-18 years who have positive attitudes towards ITNs from 51% (modelling) to 80% (MIS 2021)
	Communication Objective 1.3.2 Increase the proportion of caregivers of school-going children 5-12 years and of children 13-18 years who have a positive ITN response efficacy from 51% (modelling) to 80% by 2030
	Key Benefits: <ul style="list-style-type: none"> - If school-going children sleep under ITN, then they will stay healthy, participate fully in their classes, and have more time to play with their friends. - If caregivers of school-going children ensure that their children sleep under ITN every night, they will save money through reduced malaria-related medical costs.
Supporting Point: Ensuring that children sleep under ITN helps them stay healthy and brings happiness and peace of mind to the caregivers	

Behaviour Objective 1.4 Consistent use of ITNs among household members among males aged 19 and above

Behaviour: Consistent use of ITNs among household members among males aged 19 and above	
Behaviour Objective: Increase the proportion of males 19 years and above who use an ITN consistently from 55% (MBS 2021) to 80%	Priority Audience: Household members (among males aged 19 and above)
	Secondary Audience: Household heads, caregivers of under five children, health workers
	Communication Objective 1.4.1: Increase the proportion of males aged 19 and above who believe ITN use is a community norm from 38% (MBS 2021) to 80%
	Communication Objective 1.4.2 Increase the proportion of males aged 19 and above who believe that ITNs do not pose a risk to one's health from 80% (MBS 2021) to 95%
	Key Benefit: If household members sleep under ITNs consistently, then they will have a peaceful night sleep and a healthy life
Supporting Point: Sleeping under ITN helps to stay healthy and household members are able to contribute to socio-economic activities, engage in income generating activities, (do not miss work or school) and save money through reduced cost for health services	

Behaviour Objective 1.5 Proper ITN care and maintenance

Behaviour: Proper ITN care and maintenance	
Behaviour Objective: Increase the proportion of household members with access to an ITN who roll or tie it up when not in use from 70% (MBS 2021) to 90% by 2030	Priority Audience: Household members with access to an ITN
	Secondary Audience: Head of household, health workers, clan leaders
	Communication Objective 1.5.1: Increase the proportion of household members who have positive attitudes towards ITN care from 57% (MBS 2021) to 90%
	Communication objective 1.5.2: Increase the proportion of household members with perceived efficacy to care for and mend an ITN from 51% to 80% (statistical modelling approach)
	Communication Objective 1.5.3: Increase the proportion of community members who perceive that ITN care and mending is a community norm from 38% (MBS 2021) to 80%
	Key Benefit: If household members tie up their nets while they are not in use the nets will stay clean, presentable, and remain useful for longer
	Supporting Point: By properly maintaining your ITN, you will be seen as a clean, responsible, and smart person

Indoor residual Spraying

Situation analysis: The MOH is implementing indoor residual spraying (IRS) in four targeted high burden districts/areas and plans to scale up in phases according to Malawi's integrated vector control management strategy. Where IRS is being implemented, mass net distribution campaigns are not recommended. Therefore, mass net distribution is not done in the four districts, only routine distribution for pregnant mothers and newborn babies.

Behavioural analysis: According to the 2021 annual IRS program reports, 97% of the target household heads were mobilised, and spray coverage was 94%, leaving 6% of the target houses unsprayed. Of the 6% unsprayed, 42% were refusals for the following reasons: perceived ineffectiveness of IRS; allergies; household inconveniences; limited knowledge of the dangers of malaria; cultural and religious beliefs; dislike of the smell of insecticides used in IRS; and the fact that IRS does not kill all non-targeted insects. Other reasons (58%) for the unsprayed houses include house locked, no adult at home, allergy, availability of sick person, and funeral. Those that accepted the intervention knew the benefits of IRS.

Audience analysis and strategic communication approaches: The audience for IRS is adult homeowners older than 18 years with a primary school education. According to MBS data, only a third of those surveyed owned a radio, one in ten owned a television, and 13% owned a smartphone. In light of low access to mass media, communication with homeowners about IRS should rely on social mobilization and interpersonal communication. Community leaders should be involved in efforts to establish IRS acceptance as a positive community norm.

Behaviour Objective 2.1 Homeowners accepting to have their dwelling houses sprayed

Behaviour: Homeowners accepting to have their dwelling houses sprayed	
Behaviour Objective: Increase IRS acceptance among adult homeowners from 94% (2021 IRS season report) to 98% by 2030	Priority Audience: Adult homeowners
	Secondary Audience: Family members, neighbours, health workers, community leaders, spray operators
	Communication Objective 2.1.1: Increase the proportion of household heads who know the benefits of IRS
	Communication Objective 2.1.2: Increase the proportion of homeowners who know the importance of home preparation for IRS
	Key Benefit: If I have my home sprayed as part of an IRS campaign, I will be seen as a smart and responsible community member who contributes to greater health and prosperity
	Supporting Point: IRS reduces the number of mosquitoes and other insects in your home, which will help you get a better night's sleep.

Behaviour Objective 2.2 Homeowners adhere to post spray instructions

Behaviour: Homeowners adhere to post spray instructions	
Behaviour Objective: Increase the percentage of homeowners in IRS districts adhering to post spray instructions to 60% by 2030 (no baseline)	Priority Audience: Household heads in IRS districts
	Secondary Audience: Family members, neighbours, health workers, community leaders, spray operators
	Communication Objective 2.2.1: Increase the proportion of homeowners who feel confident that they can follow IRS post spray instructions
	Key Benefit: If I comply with IRS instructions, I will feel confident knowing that I am taking safe and effective steps to protect my family and reduce malaria transmission in my community.
	Supporting Point: If homeowners adhere to post spray instructions, the spray will be more effective, they will have a healthy life, and save money from malaria medical treatment costs

Malaria Case Management

Situation analysis: One of the key Malaria Strategic Plan goals is to ensure that all suspected malaria cases are diagnosed and that positive cases are treated according to national guidelines. To increase access to diagnosis and treatment, the MOH has adopted a policy that provides diagnosis and treatment at health facilities to everyone free of charge and to children under five at the community level (also free of charge). The MBS 2021 report indicates a large proportion of Malawians reside in rural areas, almost half (47%) lived greater than 5 kilometres from the nearest health facility, indicating access remains a significant barrier. The MBS report indicates that exposure to messages in general, and messages about severity in

particular, is low. Just 28% of those asked confirmed they had heard a malaria message in the last six months, and only 32% perceived that malaria was severe.

Behavioural analysis: Care seeking for children with fever is not a behavioural norm in Malawi. Specifically, there is room for improvement in terms of prompt care-seeking (which, for children under five years of age is a more meaningful indicator than delayed care seeking). The MIS report for 2021 indicates that of the 37% of under five children who had fever two weeks prior to the survey, only 46% sought care for malaria within the recommended 24 hours of the onset of fever.

According to 2021 MBS report, 78% of MBS survey respondents reported favourable attitudes related to care-seeking and treatment for children under 5. The same data indicate that 60% of respondents had correct knowledge of malaria care and treatment. Two-thirds and three-quarters of respondents believed in the effectiveness of malaria testing and treatment, respectively. Only half of survey respondents had favourable perceptions of community health workers; however, 93% had favourable perceptions of facility-based health workers.

Audience analysis and strategic communication approaches: The target audience for case management behaviours is Malawian women between 15–49 years of age (who are usually primary caregivers of under five children). They have an average of four children, and most have a primary school education as their highest academic qualification. They speak local languages, and their sources of income include farming, small businesses, and formal employment. In the rural households that make up the majority of Malawi’s population, decisions related to care seeking are necessarily about cost: opportunity cost, transportation costs, the cost of regular displacement from the home (assuming multiple children with frequent episodes of fever). Therefore, communication with female caregivers about the importance of prompt care seeking for fever should focus on initiating discussion between partners about malaria. Communication approaches should avoid didactic, information-based content in lieu of approaches that spark discussion and initiate inter-family negotiations related to the various cost and barriers to frequent care seeking.

Behaviour Objective 3.1 Caregivers take their under-five children to the health facility within 24 hours of onset of fever

Behaviour: Caregivers take their under-five children to the health facility within 24 hours of onset of fever	
Behaviour Objective:	Priority Audience: Female caregivers of children under five
	Secondary Audience: Partners of caregivers, clan leaders, household heads, health workers, mothers-in-law, fathers-in-law, uncles, aunts

Increase the proportion of caregivers taking their under-five children to the health facility within 24 hours of onset of fever from 46% (MIS 2021) to 80 % by 2030	<p>Communication Objective 3.1.1: Increase the proportion of caregivers who have positive perceptions of community health workers in their communities from 50% (MBS 2021) to 80%</p> <p>Communication Objective 3.1.2: Increase the proportion of caregivers who believe that most people in their community take under five children to a health provider on the same or next day after they develop a fever from 68% (MBS 2021) to 80%</p> <p>Communication Objective 3.1.3: Increase the proportion of caregivers with correct knowledge of seeking care within 24 hours of onset of fever from 60% (MBS 2021) to 80%</p> <p>Communication Objective 3.1.4: Increase the proportion of caregivers with a positive perceived response efficacy of malaria treatment from 74% (MBS 2021) to 90%</p> <p>Communication objective 3.1.5 Increase the proportion of caregivers with positive attitudes towards malaria care-seeking and treatment from 78% (MBS 2021) to 90%</p>
	<p>Key Benefits:</p> <ul style="list-style-type: none"> - If caregivers seek care for children with fever within 24 hours, the children will receive treatment early, recover quickly and be healthy, happy, and productive and this will in turn cut the transmission cycle. - If caregivers seek care for children, they will receive free diagnosis and treatment
	<p>Supporting Point: Seeking care within 24 hours makes caregivers seen as caring, model members of their community, loving and responsible.</p>

Malaria in Pregnancy

Situation analysis: Pregnant women are one of the groups most at risk for malaria. The WHO recommends at least four ANC visits during pregnancy and IPTp-SP is recommended for all pregnant women at each ANC visit starting in the second trimester and scheduled at least one month apart. To ensure high levels of access to this intervention, the Malawian MOH’s national recommendations are in line with WHO guidelines. Progress toward this goal appears gradual but steady. IPTp uptake of three doses has increased from 13% in 2014 to 56% in 2021 (MIS 2021).

Behavioural analysis: Although the proportion of women who receive at least one dose of IPTp is 94%, only 56% receive the recommended three or more doses, indicating there remains room for higher levels of uptake. According to the 2021 MBS survey, 81% of the female respondents with partners that decisions regarding ANC were made by themselves or jointly with their partners, and 72% indicated an intention to attend ANC in the first trimester of their next pregnancy. While 66% of respondents had favourable attitudes towards IPTp, only 36% thought that it was okay for pregnant women to take IPTp to prevent malaria on an empty stomach, and only 28% thought their community would approve of someone taking

IPTp. Increasing spousal discussion about ANC, improving attitudes about IPTp, and establishing taking IPTp as a social norm are likely means of increasing IPTp uptake.

Audience analysis and strategic communication approaches: The primary audience for this group is pregnant women. In Malawi, this group will not all be literate. Their income sources are small scale businesses, employment, and farming. The vast majority will not own a television, radio, or smartphone. As communication about sexual and reproductive health does not take place publicly, communication about the benefits of ANC and IPTp should rely on interpersonal communication and social mobilization (leveraging existing women’s groups, for example).

Behaviour Objective 4.1 Accept and take at least three doses of IPTp to prevent malaria during pregnancy

Behaviour: Accept and take at least three doses of IPTp to prevent malaria during pregnancy	
Behaviour Objective: Increase the proportion of pregnant women who take IPTp 3+ during pregnancy from 56% (MIS 2021) to 80% by 2030	Priority Audience: Pregnant Women
	Secondary Audience: Husband/partners, health workers, clan leaders, religious leaders, community leaders
	Communication Objective 4.1.1: Increase the proportion of pregnant women with favourable attitudes towards IPTp from 66% (MBS 2021) to 80%
	Communication Objective 4.1.2: Increase the proportion of pregnant women who believe their community would approve of IPTp from 28% (MBS 2021) to 50%
	Key Benefit: If pregnant women take three or more doses of IPTp, it reduces the risk of anaemia, still birth, abortion, low birthweight.
Supporting Point: Taking three or more doses of IPTp helps a woman have a healthy pregnancy which allows a woman to be more productive and avoid frequent visits to the hospital or clinic.	

Behaviour objective 4.2 Pregnant women start ANC early

Desired behaviour: Pregnant women start ANC early	
Behaviour Objective: Increase the proportion of pregnant women who start ANC early (first trimester) from 40%	Priority Audience: Women of reproductive age
	Secondary Audience: Husband/partners, health workers, clan leaders, religious leaders, community leaders
	Communication Objective 4.2.1: Increase proportion of pregnant women who believe most women in their community go to antenatal care at least 4 times when they are pregnant from 75% (MBS 2021) to 90%
	Communication Objective 4.2.2: Increase the proportion of women who have positive perceptions of facility-based health workers from 54% (MBS 2021) to 80%
Key Benefit: If a pregnant woman starts ANC early, she will deliver a healthy baby, which brings happiness to the family.	

(MBS 2021) to 80% by 2030	Supporting Point: Starting ANC early helps the woman access all the required support and services to ensure healthy pregnancy and delivery of a healthy baby.
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Monitoring, Evaluation, Reporting, and Learning

This section of the strategy will ensure the continuous Monitoring Evaluation, Reporting and Learning (MERL) activities through supportive supervision and monitoring during the implementation span. The MERL plan will mainly highlight behavioural and communication indicators to track progress and measure the impact of social behaviour change interventions.

The eight-year National Malaria Communication Strategy (2022–2030) will be monitored and evaluated using the country’s routine information systems such as DHIS2 integrated supportive supervision, population-based surveys (MIS, MBS, DHS, and others), or smaller quantitative surveys (knowledge, attitude, practices surveys). While some of these indicators are novel or not commonly captured in Malawi, resources are available, such as the [DHS Malaria SBCC Module](#) and [Malaria SBCC Indicator Reference Guide](#), to guide the monitoring and evaluation process of malaria SBC indicators^{9 10}. In developing the MERL plan, some indicators are meant to be aspirational in nature to expand the depth of SBC M&E in Malawi and offer a potential challenge to be met over the lifetime of the communication strategy. This strategy is also designed to monitor changes over an eight-year period, and it is unknown what surveys may be conducted during this time. Therefore, multiple data sources are offered, emphasizing the overall psychosocial factors and not specific questions.

The M&E activities include the following:

A mid-term review of malaria communication strategies will be conducted in 2027.

The MIS SBC module will measure progress towards attaining social behaviour change indicators. At the end of the Malaria Strategic Plan, an end-term review will be conducted, including the social behaviour change component. The findings and recommendations will also be used to develop the next social behaviour change strategy.

Routine monthly monitoring of malaria SBC activity will be tracked using multiple approaches. Several process/output (to measure whether planned activities took place), outcome (to measure intermediate changes as the result of the activities) and impact (to measure and track the change that occurred as a result of interventions) indicators related to malaria are measured routinely in the DHIS2 system. Some DHIS2 configured indicators that many partners report on are related to malaria SBC or intermediate behaviours at the community or malaria service provider level. Several malaria-related accelerators

⁹ RBM Partnership to End Malaria. 2017. Malaria Social and Behavior Change Communication Indicator Reference Guide: Second Edition. Venier, Switzerland: RBM

¹⁰ <https://www.dhsprogram.com/publications/publication-MISQM-MIS-Questionnaires-and-Manuals.cfm>

behaviours are tracked and reported monthly through the MOH DHIS2, including early care seeking behaviour (through the IMCI unit data collection form), IPTp3+ uptake (through the ANC data collection form), and prompt ACT treatment (OPD). NMCP and HES program officers will continue to conduct regular district visits to provide supportive supervision using supervisory tools. Data from the DHIS2 will be reviewed monthly, quarterly, and annually to check for validity, quality, and completeness, to enhance the quality of data in the system and encourage data use.

There is a need to include other malaria-related SBC indicators to complement what is currently being tracked through monthly DHIS2 reporting. Specific indicators include exposure to malaria messages, and knowledge related to bed nets. Routine quarterly monitoring will involve staff from the national level, district council, facilities and community members who are caregivers and community health workers depending on the prevalence of these indicators.

Quarterly measuring and reporting the exposure to malaria messages, knowledge, and response-efficacy among households as well as community norms has a huge attribution to other health accelerator behaviours and will contribute to designing high-quality, data-informed SBC activities. Additionally, it will help assess attitudes and norms towards using ITNs and other malaria-preventive behaviours, including gender. Malaria indicators from quarterly district reports, surveys, and operational research will be shared with partners during research dissemination and quarterly malaria SBC sub-TWG meetings.

Monitoring and Evaluation Matrix

1.0	Outcome Indicator	Indicator and Definition	Indicator Type	Data source	Period of measurement	Baseline	Target
ITN							
1.1	Increase the proportion of population that has access to an ITN from 37% (MIS 2021) to 80% by 2030	Indicator: Proportion of household members that are sleeping under an ITN divided by the households calculated ITN access	Behaviour	MIS, MBS, MICS, DHS, Quantitative surveys	3-5 years	37% (2021)	80% (2030)
		Definition: Households where every member that has access to an ITN uses it					
		Numerator: Household ITN Use					
		Denominator: Household ITN Access					
1.1.1	Increased proportion of household heads who have a positive perceived response efficacy of ITNs from 61% (MBS 2021) to 80% by 2030	Indicator: Proportion of household heads who have a positive perceived response efficacy of ITNs	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 Years	61% (2021)	80% (2030)

		<p>Definition: Response Efficacy is defined as a person's beliefs as to whether the recommended action or intervention will avoid the threat while being safe to use. It is often measured through a slate of questions that gauges whether a respondent believes ITNs protects them from getting malaria, can be used both inside and outside, and is the best malaria prevention. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p> <p>Numerator: Number of respondents who score favourably on a scale that ascertains perceived response efficacy of ITNs</p> <p>Denominator: Total number of respondents surveyed</p>					
1.1.2	Increased proportion of household heads with a favourable attitude toward	Indicator: Proportion of respondents who have positive attitudes towards ITN use	Communication	MBS, MIS, Omnibus study,	3-5 Years	82% (2021)	95% (2030)

	correct ITN use from 82% (MBS 2021) to 95% by 2030	<p>Definition: “Favourable attitude” is defined as a person’s positive assessment of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p> <p>Numerator: The number of respondents who score favourably on a scale that ascertains attitudes related to ITN use</p> <p>Denominator: Total number of the surveyed respondents</p>		Quantitative surveys, DHS			
1.2	Increased proportion of children under five years of age who sleep under an ITN every night from 53% (MIS 2021) to 80% by 2030	<p>Indicator: Proportion of children under five years of age who slept under an ITN the previous night</p> <p>Definition: Percentage of de facto children under age 5 who slept under an ITN the night before survey.</p> <p>Numerator: Number of de facto children under age 5 who reported sleeping under an ITN the night before the survey</p>	Behaviour	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 Years	53% (2021)	80% (2030)

		Denominator: Total number of children under age 5 in the de facto household population					
1.2.1	Increased proportion of caregivers with a favourable attitude towards consistent ITN use for their under five children from 82% (MBS 2021) to 95% 2030	Indicator: Proportion of respondents who believe the likelihood of having malaria is the same whether they sleep under an ITN or not	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 Years	82% (2021)	95% (2030)
		Definition: “Favourable attitude” is defined as a person’s positive assessment of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.					
		Numerator: The number of respondents with a mean score of greater than zero for a product, practice, or service					
		Denominator: Total number of the surveyed respondents					
1.2.2	Increased proportion of caregivers of under 5 children who have a positive perceived response efficacy	Indicator: Proportion of caregivers who have a positive perceived response efficacy of ITNs	Communication	MBS, MIS, Omnibus study,	3-5 years	60% (2021)	80% (2030)

	of ITNs from 60% (MBS 2021) to 80% by 2030	<p>Definition: Response Efficacy is defined as a person's beliefs as to whether the recommended action or intervention will avoid the threat while being safe to use. It is often measured through a slate of questions that gauges whether a respondent believes ITNs protects them from getting malaria, can be used both inside and outside, and is the best malaria prevention. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p> <p>Numerator: Number of caregivers who score favourably on a scale that ascertains perceived response efficacy of ITNs</p> <p>Denominator: Total number of caregivers surveyed</p>		Quantitative surveys, DHS			
1.3	Increased proportion of school-going children of ages between 5 – 18 years old who sleep under an ITN	Indicator: Proportion of school-going children of ages between 6 – 18 years old who sleep under an ITN	Behaviour	MBS, MIS, Omnibus study,	3-5 years	51% (modelling)	80% (2030)

	from 51% (modelling) to 80% by 2030	<p>Definition: school-going children of ages between 5 – 18 years old who slept under an ITN for the entire last night</p> <p>Numerator: Number of de facto school-going children of ages between 5 – 18 years old who reported sleeping under an ITN</p> <p>Denominator: Total number of school-going children of ages between 5– 18 years old in the de facto household population</p>		Quantitative surveys, DHS			
1.3.1	Improved proportion of caregivers of school-going children 5-12 years, and of children 13-18 years who have positive attitudes towards ITNs from 51% (modelling) to 80% by 2030	<p>Indicator: Proportion of respondents who have positive attitudes towards ITN use</p> <p>Definition: “Favourable attitude” is defined as a person’s positive assessment of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p>	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	51% (modelling)	80% (2030)

		<p>Numerator: The number of respondents who score favourably on a scale that ascertains attitudes related to ITN use</p> <p>Denominator: Total number of the surveyed respondents</p>					
1.3.2	<p>Increased proportion of caregivers of school-going children 5-12 years and of children 13-18 years who have a positive response efficacy of ITNs 51% (modelling) to 80% by 2030</p>	<p>Indicator: Proportion of respondents who have a positive perceived response efficacy of ITNs</p> <p>Definition: Response Efficacy is defined as a person's beliefs as to whether the recommended action or intervention will avoid the threat while being safe to use. It is often measured through a slate of questions that gauges whether a respondent believes ITNs protects them from getting malaria, can be used both inside and outside, and is the best malaria prevention. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p>	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	51% (modelling)	80% (2030)

		<p>Numerator: Number of respondents who score favourably on a scale that ascertains perceived response efficacy of ITNs</p> <p>Denominator: Total number of respondents surveyed</p>					
1.4	Increase the proportion of males 19 years and above who use an ITN consistently from 55% to 80% (MBS, 2021)	<p>Indicator: Proportion of men aged 19 and above who slept under an ITN the night before the survey</p> <p>Definition: Percentage of de facto men aged 19 and above who slept under an ITN the night before the survey.</p> <p>Numerator: Number of men aged 19 and above who reported sleeping under an ITN the night before the survey</p> <p>Denominator: Number of men aged 19 and above in the de facto household population</p>	Behaviour	MBS, Omnibus study, Quantitative surveys, DHS	3-5 years	55% (2021)	80% (2030)
1.4.1	Increased proportion of males aged 19 and above who believe at least half of those in their community	<p>Indicator: Proportion of respondents who have a positive perceived response efficacy of ITNs</p>	Communication	MBS, MIS, Omnibus study,	3-5 years	37% (2021)	80% (2030)

	sleep under an ITN from 37% (MBS 2021) to 80% by 2030	<p>Definition: Response Efficacy is defined as a person's beliefs as to whether the recommended action or intervention will avoid the threat while being safe to use. It is often measured through a slate of questions that gauges whether a respondent believes ITNs protects them from getting malaria, can be used both inside and outside, and is the best malaria prevention. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p> <p>Numerator: Number of respondents who score favourably on a scale that ascertains perceived response efficacy of ITNs</p> <p>Denominator: Total number of respondents surveyed</p>		Quantitative surveys, DHS			
1.4.2	Increased proportion of males aged 19 and above who believe using ITNs is	<p>Indicator: Proportion of respondents who have positive attitudes towards ITN use</p>	Communication	MBS, MIS, Omnibus study,	3-5 years	64% (2021)	80% (2030)

	safe from 64% (MBS 2021) to 80% by 2030	<p>Definition: “Favourable attitude” is defined as a person’s positive assessment of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p> <p>Numerator: The number of respondents who score favourably on a scale that ascertains attitudes related to ITN use</p> <p>Denominator: Total number of the surveyed respondents</p>		Quantitative surveys, DHS			
1.5	Increased proportion of household members who roll or tie up their ITN when not in use from 70% (MBS 2021) to 90% by 2030	<p>Indicator: Proportion of ITNs found hanging and folded up or tied when not in use</p> <p>Definition: Of the surveyed population, what percentage of ITNs found hanging and folded up or tied when not in use</p> <p>Numerator: Number of ITNs found hanging and folded up or tied when not in use</p> <p>Denominator: Total number of ITNs found during the survey</p>	Behaviour	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	70% (2021)	90% (2030)

1.5.1	Increase the proportion of household members who have positive attitudes towards ITN care from 57% (MBS 2021) to 90% by 2030	Indicator: Proportion of respondents who have positive attitudes towards ITN care	Behaviour	MBS, MIS, Omnibus study, Qualitative surveys, DHS	3-5 years	82% (2021)	90% (2030)
		Definition: “Favourable attitude” is defined as a person’s positive assessment of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent. Attitudes around ITN care include questions that determine whether a participant thinks they can take care of their net including hanging it up, setting it up, avoid potential damage to ITNs, and other questions					
		Numerator: The number of respondents who score favourably on a scale that ascertains attitudes related to ITN care					
		Denominator: Total number of the surveyed respondents					
1.5.2	Increase the proportion of household members with perceived efficacy to care	Indicator: Proportion of households who know how to take care of and mend their	Behaviour	MBS, MIS, Omnibus study,	3-5 years	51% (2021)	80% (2030)

	<p>for and mend an ITN from 51% to 80% (statistical modelling approach)</p>	<p>nets (washing, tying, folding, drying, and repairing)</p> <p>Definition: Response Efficacy is defined as a person's beliefs as to whether the recommended action or intervention will avoid the threat while being safe to use. It is often measured through a slate of questions that gauges whether a respondent believes ITNs protects them from getting malaria, can be used both inside and outside, and is the best malaria prevention. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p> <p>Numerator: Number of respondents who score favourably on a scale that ascertains perceived net efficacy</p> <p>Denominator: Total number of respondents surveyed</p>		<p>Quantitative surveys, DHS</p>			
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1.5.3	Increased proportion of community members who perceive that ITN care and mending is a community norm from 38% (MBS 2021) to 80% by 2030	<p>Indicator: Proportion of participants who believe that most people in their community take they're under five children to a health provider on the same day after they develop a fever</p> <p>Definition: Among all participants surveyed, what percentage of them believe that at least half or all of members of their community use an ITN every night</p> <p>Numerator: Number of caregivers who believe that at least half of members of their community use an ITN every night</p> <p>Denominator: Total number of caregivers surveyed</p>	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	38% (2021)	80% (2030)
2.0	Indoor Residual Spraying						
2.1	Increased IRS acceptance among household heads from 94% (2021 IRS season report) to 98% by 2030.	<p>Indicator: Percentage of household heads (owners) who accepted IRS</p> <p>Definition: Of the homeowners targeted what percentage of them have their houses sprayed</p>	Behaviour	Program Report	Every Spray Season	94% (2021)	98% (2030)

		<p>Numerator: Number of household heads/homeowners who accepted IRS</p> <p>Denominator: Number of household heads/homeowners mobilized/surveyed</p>					
2.1.1	Increased percentage of household heads who know the benefits of IRS from 94% to 98% by 2030.	<p>Indicator: Percentage of household heads who know the benefits of IRS</p> <p>Definition: of the targeted household heads, what percentage of them know the benefits of IRS</p> <p>Numerator: Number of household heads who know the benefits of IRS</p> <p>Denominator: Number of household heads surveyed</p>	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS		94% (2021)	98% (2030)
2.1.2	Increased proportion of homeowners who know the importance of home	<p>Indicator: Proportion of homeowners who know the importance of home preparation for IRS</p>	Behaviours	MBS, MIS, Omnibus study,		94% (2021)	98% (2030)

	preparation for IRS from 94% to 98% by 2030.	<p>Definition: Of the targeted homeowners, what percentage of them know the importance of home preparation for IRS</p> <p>Numerator: Number of homeowners who know the importance of home preparation for IRS</p> <p>Denominator: Number of homeowners surveyed</p>		Quantitative surveys, DHS			
2.2	Increased percentage of homeowners adhering to post spray instructions to 60% by 2030.	<p>Indicator: Percentage of homeowners adhering to post spray instructions</p> <p>Definition: homeowners that adhere to all post-spray instructions, including Staying outside for an hour and sweep floors. Homeowners also know to expect an odour after and to not be alarmed.</p> <p>Numerator: Number of homeowners surveyed that adhered to post spray instructions</p> <p>Denominator: Number of homeowners surveyed</p>	Behaviours	MBS, MIS, Omnibus study, Quantitative surveys, DHS		No baseline data	60% (2030)
3.0	Malaria Case Management						

3.1	Increased proportion of caregivers taking their under-five children to health facility within 24 hours of onset of fever from 46% (MIS 2021) to 80 % by 2030	<p>Indicator: Percentage of children with fever in the 2 weeks preceding the survey; and among children with fever, percentage for whom advice or treatment was sought within 24 hours following the onset of fever.</p> <p>Definition: Among all children under age 5 years with fever in the 2 weeks preceding the survey, percentage for whom advice or treatment was sought the same or next day following the onset of fever.</p> <p>Numerator: Number of living children under age 5 years with a fever at any time during the 2 weeks preceding the interview for whom advice or treatment was sought the same day or next day following the onset of fever.</p> <p>Denominator: Number of living children under age 5 years with a fever at any time during the 2 weeks preceding the interview.</p>	Behaviour	MIS, DHIS2	3-5 years	46% (2021)	80% (2030)
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3.1.1	Increased proportion of caregivers who have positive perceptions of community health workers in their communities in regard to malaria care-seeking and treatment from 56% (MBS 2021) to 80% by 2030	Indicator: Proportion of caregivers who believe that most people in their community take their under five children to a health provider on the same day after they develop a fever	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	56% (2021)	80% (2030)
		Definition: Among all caregivers surveyed, what percentage of them believe that most people in their community take their under five children to a health provider on the same day after they develop a fever					
		Numerator: Number of caregivers who believe that most people in their community take their under five children to a health provider on the same day after they develop a fever					
		Denominator: Total number of caregivers surveyed.					
3.1.2	Increased proportion of caregivers who believe that most people in their community take under five children to a health	Indicator: Proportion of respondents who have positive perceptions of health care workers	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	70% (2021)	80% (2030)

	<p>provider on the same or next day after they develop a fever from 70% (MBS 2021) to 80% by 2030</p>	<p>Definition: “positive perceptions” is defined as a person’s positive view of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent, and can include elements like respect, availability of medicine, competency, and other elements)</p> <p>Numerator: The number of respondents who score favourably on a scale that ascertains perceptions of health facilities in regard to care seeking and treatment</p> <p>Denominator: Total number of the surveyed respondents</p>					
3.1.3	<p>Increased percentage of caregivers with comprehensive knowledge on the importance and benefits of seeking care</p>	<p>Indicator: Proportion of caregivers with comprehensive knowledge of malaria</p>	<p>Communication</p>	<p>MBS, MIS, Omnibus study, Quantitative surveys, DHS</p>	<p>3-5 years</p>	<p>72% (2021)</p>	<p>80% (2030)</p>

	within 24 hours of onset of fever from 72% (MBS, 2021) to 80% by 2030	<p>Definition: Among all caregivers with a child under five years old, what percentage of them are able demonstrate comprehensive knowledge of malaria</p>					
		<p>Numerator: Number of caregivers of children under five years old that can successfully answer all knowledge questions related to malaria</p>					
		<p>Denominator: Total number of caregivers surveyed</p>					
3.1.4	Increased percentage of caregivers who perceive malaria as serious from 30% (MBS, 2021) to 80% by 2030	<p>Indicator: Proportion of caregivers who perceive malaria as serious</p>	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	30% (2021)	80% (2030)
		<p>Definition: Malaria Severity is measured defined as a person's assessment of the potential severe side effects of malaria to themselves, their family, or their community. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent. Malaria severity questions can range from whether the</p>					

		participant thinks malaria can lead to death, their worry if someone gets malaria, their fear of malaria given treatment, and possibility of death					
		Numerator: The number of caregivers who score favourably on a scale that ascertains perceived severity of malaria					
		Denominator: Total number of care givers surveyed					
3.1.5	Increased proportion of caregivers with positive attitudes towards malaria treatment from 78% (MBS 2021) to 90% by 2030	<p>Indicator: Proportion of respondents who have positive attitudes towards ITN use</p> <p>Definition: “Favourable attitude” is defined as a person’s positive assessment of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p>	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	78% (2021)	90% (2030)

		<p>Numerator: The number of respondents who score favourably on a scale that ascertains attitudes related to ITN use</p>					
		<p>Denominator: Total number of the surveyed respondents</p>					
4.0	Malaria in pregnancy						
4.1	<p>Increased proportion of pregnant women who take IPTp 3+ during pregnancy from 56% (MBS 2021) to 80% by 2030</p>	<p>Indicator: Percentage of women who, during the pregnancy that resulted in the last live birth, who received three or more doses of SP/Fansidar.</p>	Behaviour	MIS	3-5 years	56% (2021)	80% (2030)
	<p>Definition: Percentage of women aged 15-49 with a live birth in the 2 years preceding the survey who, during the pregnancy that resulted in the last live birth, received three or more doses of SP/Fansidar.</p>						
	<p>Numerator: Number of women who had a live birth in the 2 years preceding the interview who received three or more doses of SP/Fansidar, in the 2 years preceding the interview.</p>						

		Denominator: Total number of women who had a live birth in the 2 years preceding the interview					
4.1.1	Increased proportion of pregnant women with a favourable attitude towards IPTp from 63% (MBS 2021) to 80% by 2030	Indicator: Proportion of respondents who have positive attitudes towards ITN use	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	63% (2021)	80% (2030)
		Definition: “Favourable attitude” is defined as a person’s positive assessment of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.					
		Numerator: The number of respondents who score favourably on a scale that ascertains attitudes related to ITN use					
		Denominator: Total number of the surveyed respondents					

4.1.2	Increased proportion of pregnant women who believe women in their community would approve of medicine to prevent malaria when they are pregnant from 28% (MBS 2021) to 80% by 2030	Indicator: Proportion of caregivers who believe that most people in their community take their under five children to a health provider on the same day after they develop a fever	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	28% (2021)	80% (2030)
		Definition: "Approve of" in this case refers to general acceptance to the behaviour, in that they wouldn't insult or call the respondent names if the community member knew the respondent was partaking in the behaviour. This is measured by asking among your community, how many would call you names, and the favourable answer is fewer than half of community members or none.					
		Numerator: Among all pregnant women surveyed, what percentage of them believe that less than half of people in their community would call them names if they knew they were getting SP.					
		Denominator: Total number of caregivers surveyed.					

4.2	Increased proportion of pregnant women who start ANC early (first trimester) from 40% (MBS 2021) to 80% by 2030	Indicator: Proportion of women who had 8 antenatal care contacts for their last birth, starting ANC within the first trimester.	Behaviour	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	40% (2021)	80% (2030)
		Definition: Percentage of women who had 8 antenatal care contacts for their last birth, starting ANC within the first trimester.					
		Numerator: Number of women who had 8 antenatal care contacts for their last birth, starting ANC within the first trimester.					
		Denominator: total number of women who had a birth in the last 5 years surveyed					
4.2.1	Increased proportion of pregnant women who believe most women in their community go to antenatal care at least 4 times when they are	Indicator: Proportion of caregivers who believe that most people in their community take their under five children to a health provider on the same day after they develop a fever	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	75% (2021)	90% (2030)

	pregnant from 75% (MBS 2021) to 90% by 2030	<p>Definition: Among all caregivers surveyed, what percentage of them believe that most pregnant women in their community go to antenatal care at least 4 times</p> <p>Numerator: Number of caregivers who believe that at least half of pregnant women in their community go to antenatal care at least 4 times</p> <p>Denominator: Total number of caregivers surveyed.</p>					
4.2.2	Increased proportion of pregnant women who have positive perceptions of health facility workers in regard to malaria in pregnancy from 55% (MBS 2021) to 80% by 2030.	Indicator: Proportion of respondents who have positive perceptions of health care workers	Communication	MBS, MIS, Omnibus study, Quantitative surveys, DHS	3-5 years	55% (2021)	80% (2030)

		<p>Definition: “Positive perceptions” is defined as a person’s positive view of a behaviour or related construct, such as a specific product or source of service. The assessment is expressed by statements from the respondent that relate the behaviour with a positive value held by the respondent.</p>					
		<p>Numerator: The number of respondents who score favourably on a scale that ascertains perceptions of health facilities in regard to malaria in pregnancy</p>					
		<p>Denominator: Total number of the surveyed respondents</p>					

Glossary of Ideational Factors

Figure 1. Ideation Model of Strategic Communication and Behaviour Change¹¹

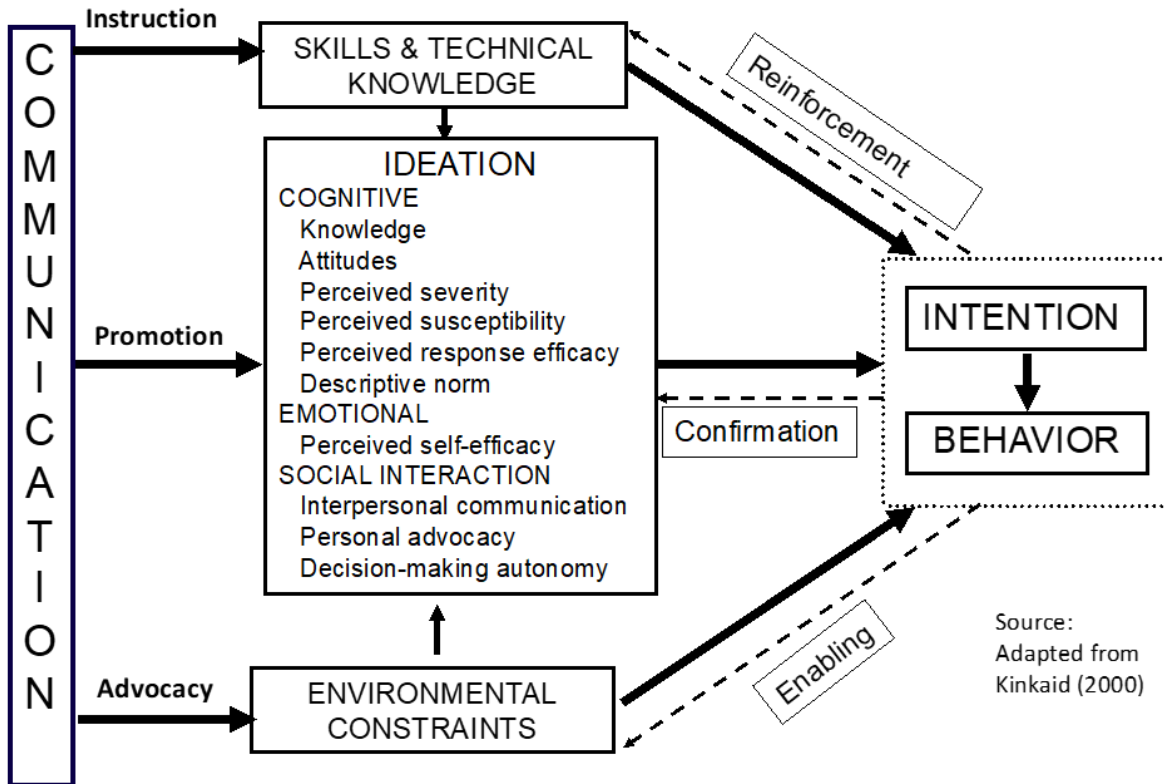


Figure 1: Ideation model of strategic communication and behavior change

Table 1. Definitions of Ideation Model constructs that are measured by the MBS:

Construct	Definition
Attitudes	Attitudes refer to the judgments people make about a product, practice, or service, and these may or may not be favourable. People who have a favourable view of a behaviour, such as net use, or of a malaria commodity, such as RDTs, are more likely to adopt a given health behaviour.
Decision-Making Dynamics	Decision-making dynamics is one's participation in decisions related to specific health issues in their household such as seeking care for a sick child, prenatal care, and the distribution of mosquito nets in the household.

¹¹ Kincaid, D. L. (2000). Mass media, ideation, and behaviour: a longitudinal analysis of contraceptive change in the Philippines. *Communication Research*, 27(6), 723-763.

Descriptive Norms	Descriptive norms refer to the perceptions of the prevalence of behaviour in the immediate environment such as the use of insecticide-treated nets, rapid search for care in case of fever, use of malaria diagnostic test in the health facilities, prenatal visits, or the use of Intermittent Preventive Treatment of malaria in pregnancy.
Interpersonal Communication	Interpersonal communication is the discussion of a question with other people and includes talking about malaria with the spouse, friends, or relatives.
Knowledge	These constructs measure knowledge of the health topic or behaviour among target populations. Regarding malaria, this includes causes, symptoms, testing, treatment, means of prevention, recommended solutions, and recommended number of antenatal care visits.
Perceived Effectiveness	Perceived effectiveness refers to evaluating beliefs in the effectiveness of a recommended solution. This can include the perception of the effectiveness of insecticide-treated nets (ITNs), diagnostic tests for malaria, antimalarial drugs provided in health facilities, and intermittent preventive treatment of malaria in pregnancy (IPTp).
Recall	This construct measures the reach of SBC activities. It can be adapted to measure the proportion of people hearing a specific message and can also be modified to identify the channels through which people are receiving messages.
Response Efficacy	Response efficacy refers to a perception that a proposed action or solution will actually control the threat. In the case of malaria, a person's belief that ITNs serve as good protection against malaria is an example of response efficacy.
Risk	The perceptions of risk are constructs intended to understand the perceived threat of malaria and have two parts: severity and susceptibility. Severity refers to how serious people believe the threat of malaria or its consequences to be. Susceptibility refers to the belief that the disease or threat can actually happen to them.
Self-Efficacy	Self-efficacy is a measure of self-confidence in the ability to take specific measures to protect one's health, including action to control the threat. Self-efficacy can refer to a person's confidence in correctly and consistently using an ITN to prevent malaria.

Social Factors	Social factors refer to interpersonal interactions such as support or pressure from friends, that convince someone to behave in a certain way, as well as the effect on an individual's behaviour from trying to persuade others to adopt the behaviour as well (personal advocacy).
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